RGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Albots Village or City - STATON MAIN	Registration Dist. No. 290  ND. AF 2010 OLUCU TIS De TA St., War f death occurred in address or institution, givents NAME instead of street and number)
Length of residence in city or town whera death occurrant yrs	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED("write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED("write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from 1927 to 186   1927
6. DATE OF BIRTH (month, day, and year) January 3rd 1922  7. AGE Years Months Days If LESS than	I last saw h. M alive on
8. Trada, profassion, or particular kind of work done, as SPINNER, School Boy SAWYER, BDOKKEEPER, atc.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of one of the principal
SAWYER, BDOKKEEPER, atc. SCHOOL STATE OF THE SAWYER, BDOKKEEPER, atc. SCHOOL STATE OF THE SAWYER, BANK, etc. SAW MILL, BANK, etc. SAW MILL, BANK, etc. SAWYER, ETC	Seef wefletter (#12 gang fun)
11. Total time (years) this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Marion Stations (State or country) maryland	Jost acces out howard 11/4/
13. NAME Carlton afforth  14. BIRTHPLACE (city or town) aleals Island  (State or country)	Name of operation Date of
(State or country) Francy Land  15. MAIDEN NAME Rase Landon	What test confirmed diagnosis? The relieved Was that an aulopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town). Accomise (State or country)	Accident, sulcida, or homicide? — Carpling Date of Injury Kor 24, 193.  Where did Injury occur? North Fourth Outs Sure Carple
17. INFORMANT Lillian Mc Me al (Address) 1/3 7 Light Street Buttime In	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, to HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place STEVENS, 11 P. Date Dec. 16 , 1937	Manner of Injury Little But a Murgh & Jane 1900000
19. UNDERTAKER The Stevensville And.	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED 12 / 16 , 1937 / Jan / Perrus Registrar.	(Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 BUREAU V . II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	-11-	11	
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D. Every item of infor-

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH  County Calls	Registration Dist. No. & 9.
	M. M
Village or City	NoNoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred	osds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME / Selvare / Das	If U. S. Veteran, specify WAR
(a) Residence: No.	st., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR_RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	12 23 193 7
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Hat I attended deceased from
Lacorda Valley Neal	- heel, 1934, to file 23, 19.3)
DATE OF BIRTH (month, day, and year)	I last saw h_ alive on
AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated abova, at 91.4.m.
76   1   1   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	Chronic Myseardilis , 1, 1;
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	7.7
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and spant in this	,
year) year) occupation occupation	Other Contributory Causes of Importance;
Z. BIRTHPLACE (city or town)	Other Contributory Canses of Importance.
(State or country)	
13. NAME lufture	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
7. INFORMANT Guller Had	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	Nature of Injury
9. UNDERTAKER AMON A SPECIAL CANADIST STATE OF THE SECOND STATE OF	24. Was disease or Injury In any way related to occupation of deceased?
0. FILED 12/27 1937 M. J. Merrie	(Signed) Jackmand T. Heby M.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1915	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1938	July 5,1927		3 days ago
BHREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			. 4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	38

7

V. S. No. 1

plation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement LY WITH ONFADING INK-THIS IS A PERMANENT RE TION is very important. See instructions on back of certificate. B. WRITE PL

should state of OCCUPA.

AD. Every item of infor-

1. PLACE OF DEATH  County  Village Dr City  Village City Or town  Village Dr City  Village City Or town  Village Dr City  Village City Or town  Village Dr City  Village
Village or City
Length of rasidance in citror town where death occurred
Length of rasidance in citror town where death occurred
(a) Residence: ND.  (busiplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced Husband of (or) Wife of  (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  16 LESS than 1 day, hrs. or min.  8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BONKEPPER, etc.  9. Stadustry or business in which work was done, as SPINNER, SAWYER, BONKEPPER, etc.  9. Stadustry or business in which work was done, as SPINNER, SAWYER, BONKEPPER, etc.  10. Date deceased last worked at this occupation (menth and spent in this soccupation (menth and spent in this soccupation (menth and spent in this soccupation).  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  Name of operation.  Date of
Curusi place of abode    PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warrier the word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Medical Certificate of Death  21. DATE OF DEATH  22. If HER E BY CERTIFY, Thet I attended deceased from 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7
OR DIVORCED (write the word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAW MILL, BANK, etc.  9. Stadustry or business in which work was dona, as SPINNER, SAW MILL, BANK, etc.  10. Date daceasable ast worked at this occupation (menth and year) as pent in this year) as pent in this occupation (menth and year). It is also we have decreased from the date stated above, at for min.  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  14. BIRTHPLACE (city or town).  Name of operation.  Name of operation.  Name of operation.  Date of ones.
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,hrs. ormin.  SAWYER, BDDKKEEPER, etc.  SAWYER, BDDKKEEPER, etc.  SAWYER, BDDKKEEPER, etc.  11. Total time (years) spent in this occupation (menth and contents)  (State or country)  The REBY CERTIFX, Thet I attended deceased from (19. 10. Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importence wara as follows:  Date of one of the date stated above, at _/Om. The PRINCIPAL CAUSE OF DEATH end related causes of Importen
7. AGE Years 7. Months Days If LESS than I day. hrs. or min.  8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (menth and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Nama of operation  Date of meet  The PRINCIPAL CAUSE OF DEATH end related causes of Importence  war as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH end related causes of Importence  war as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH end related causes of Importence  war as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH end related causes of Importence  war as follows:  Date of onset  War as follows:  Date of onset  Nama of operation  Nama of operation  Date of
7. AGE  Years 7  Months Days  If LESS than I day,
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.  3. Iadustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (regent) and occupation (regent) and occupation (state or country)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  Nama of operation.  Nama of operation.  Date of onest  Nama of operation.  Date of onest  Date of onest  Date of onest  Nama of operation.  Date of onest  Date of onest  Date of onest  Date of onest  Nama of operation.  Date of onest
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.  3. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (regnth and year)  11. Total time (years) spent in this occupation (regnth and year)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  15. Name  Nama of operation.  Nama of operation.  Date of
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  Nama of operation.  Date of
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  Nama of operation.  Date of
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  Nama of operation.  Date of
12. BIRTHPLACE (city or town) Combraday  (State or country)  13. NAME Unlarge Value
13. NAME Unland Name of operation.  Name of operation.  Date of
14. BIRTHPLACE (city or town). Under Confirmed diagnosts?  Was there an autopay?  Was there an autopay?
(State or country) What test confirmed diagnosts? Was there an enloney?
15. MAIDEN NAME A CONTROL 23. If death was due to external causes (VIOLENCE) fill in elso the following:  16. BIRTHPLACE (city or town) Development (State or country)  27. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, sulcida, or homicide?  Date of injury
16, BIRTHPLACE (city or town) Date of Injury (State or country)  Accident, sulcida, or homicide? Date of Injury (State or country)
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE,
(Address) Q rill's malery to a
18. BURIAL, CREMATION, OR REMOVAL Place Data Data Data Data Data Data Data Dat
19. UNDERTAKER 2000 24. Was diseasa or injury In any way refated to occupation of deceased?
(Address) Cambridge The ! If so, specify
20. FILED 12. 23, 1937 / LUS (Signed) (Address) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1975	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
4.N 5 1938			
Other contributory causes of importance.	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

d. Every item, of infor-PHYSICIANS should state Exact statement of OCCUPA. LY WITH CNFADING INK—THIS IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. WRITH PLACE IN WITH CNFADING INK-THIS maxion hould be carefully supplied. AGE should be RGIN RESERVED

V. S. No. 1 N. B.—

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	SL
1. PLACE OF DEATH	1	950 2 LY	36
County Jalles		Registration Dist. No.	10
Village or City hear	Eastoin	No. "Oulside" St.,	Ward
Length of residence in city or town where d	(If	death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Nattie	71. Brooks	If U. S. Veteran, specify WAR	
(a) Residence: Np.	all Sty of Waller Hard Street	St., Ward.	
(a) residence. No.	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  , 193	Year)
ie. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended decea	sed from
(01) WILL 01		12/23 1957 to 12 /26 ,	19.3.
S. DATE OF BIRTH (month, day, end year)	729/94	I last saw h.a.a. alive on 12/26 , 1937; dea	th is sai
AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 220 Cm.	
43 6	28   1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	e of onse
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Nouvework	leute Mysearditio 12	/20/
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	-		
1D. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town)	rel		
13. NAME  14. BIRTHPLACE (city or town)	renko		
14. BIRTHPLACE (city or town)	,	Neme of operation Dete of	
(State or country)	Hal )	What test confirmed diegnosis? Was there an autop:	
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15. MAIDEN NAME THE TOTAL STATE OF COUNTRY STATE OF COUNTRY	Vis.	Accident, suicide, or homicide? Date of Injury,	19
IT, INFORMANT	notice ?	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Eastle	ned		
18. BURIAL, CREMATION, OR REMOVAL	Date /2/30 ,19.3	Menner of Injury	
19, UNDERTAKER CASION (Address)	Marie !	24. Wes disease or injury in any wey related to occupation of deceased?	10
20. FILED 12/24 19 37 77	St. Neving	(Signed) Parkman A	M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 5 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Secretary of the secret	3 80		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnods County e oul Village or City Jo PHYSICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Months

Deys

11. Total time (years)

spent in this occupation \_\_

11

If LESS than

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

or .... min.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_\_mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH I HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at. 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence Date of enset Other Cootributory Causes of importance: What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Nature of injury\_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

jo item CORD. CTL classified. V H certificate. properly stated Jo back may plnods instructions NFADING SO supplied. plain terms. carefully important. DEATH plnods OF CAUSE

5e, If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, end year)

8. Trade, profession, or particular

9 Industry or business in which

10. Date deceased last worked at

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

I3. NAME

17. INFORMANT

19. UNDERTAKER (Address)

20. FILED ...

kind of work done, as SPINNER, C

SAWYER, BOOKKEEPER, etc ...

work wes done, es SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

(or) WIFE of

7. AGE

OCCUPATION

FATHER

MOTHER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	W. 15
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
		Run over by street car	1 week ago
Cerebral hemorrhage   QAN J IANA	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1.49	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	12		$\mathbb{R}$	
MAIN RESERVED FOR BINDING	WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT F	EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified. E	e.
FORT	IS A P	stated	properly	certificat
7	HIS	be	pe	Jo
DEL VE	NK-T.	plnods	it may	n back
NEW NEW	ING I	AGE	o that	tions o
TIDA	NEAD	pplied.	terms, s	instruc
	TTH I	ully su	plain	t. See
	LY, W	be caref	EATH in	TION is very important. See instructions on back of certificate.
	PLA	plnode	OF D	very
	WRITE	nation s	CAUSE	TION is

PHYSICIANS should state

xact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	167)
County Salhal	Registration Dist. No. 290
Village or City on mergency Dxo	spectal, Easter, Mil Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL MAME Oliver Caulk	If U. S. Veteran, specify WAR
Residence: No. St. Michel	St., Ward.
(Ostal place of about)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Slevember 22 193 7
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Mrs Bertha Caulk (wife)	22. I HEREBY CERTIFY, That i attended deceased from
(or) miles // Oct / Colored Calaboration	Q 00 18 10 0 0 1 1 19A
6. DATE OF BIRTH (month, day, and year) Luce 3, 1906	i last saw halive on
7. AGE Yaars Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, etm.
31 6 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	frenchest would
SAWYER, BOOKKEEPER, etc.	head.
9. Industry or business In which work was done, es SILK MILL,	
SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month end spent in this	
this occupation (month end spent in this occupation	
Boltune	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
II 13. NAME Maria D. Caully	
13. NAME Mare 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Dola Coffice	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide Date of Injury 12/22, 19 37
∑ (State or country)	Where did injury occur? St. Michaels, ma.
17. INFORMANT De m. Hell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Easter, Wa,	In lome
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Gun-shot wound of head
Plece Data ,1932	Nature of injury
19 UNDERTAKER IN manhaul	24. Wes disease or injury in any way related to occupation of dacaasad?
(Address) Homeland	If so, specify
20, FILED 12/23, 1937 7 H. Merre	(Signad) A. Baugherleson D.
Registrar.	(Address) IT. Mycheals)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis // 17	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
THE SECOND OF THE SECOND SECOND			

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*		

N. B.—WRITE PL.

ON is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	822
County Vallat	Registration Dist. No. 290
Village or City Ballow (II	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Annahelle Bay Cove	- If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married.	21. DATE OF DEATH  (Month) (Def) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Rose. C. Couce	22.   HEREBY CERTIFY, That I attended deceased from 11-30-1937, to 12-4-1937
6. DATE OF BIRTH (month, day, and year) June 26 28 1882  7. AGE Years Months Days If LESS than	i last saw h alive on 12 7 , 19 12; death is said to heve occurred on the date stated above, at 7 7 m.
55 5 8 1 dey,hrs.	
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Hemorrhage 11-30-3,
Solution of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decassad last worked at spent in this occuration (month and spent in this securation (month and spent in this	
this occupation (month and 30 30 spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Caslac (State or country)	4:0111
. 00	Jashnows Typis Stream 1980
13. NAME J. VSecl.  14. BIRTHPLACE (city or town) Md (State or country)	Neme of operation Dete of What test confirmed diagnosis? Physical 4500 Was there an autopsy? Mass
15. MAIDEN NAME Francis Buck.  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Jeene C. Shreve (Address) Baylog ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Date Date Date 62, 1937	Menner of injury
19. UNDERTAKER Device Apopular (Address)	24. Was disease or injury in any way related to occupation of deceesed? 200
20. FILED 124 4 , 1937 P. H. New Registrar.	(Signed) M. D.  (Address) Saston 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Exa	ample I	- 1	Example II	
The principal cause of death of importance were as follow	h and related causes	Date of onset	The principal cause of death and related caus of importance were as follows:	S Date of onset
Arteriosclerosis	RECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 193	July 5,1927	Peritonitis	3 days ago
	BEREAU	3.		
Other contributory causes of	f importance:	100 mg (part 100)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

or- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor id stat CCUPA	1. PLACE OF DEATH  County Valled	Registration Dist. No. 294
em of should £ OCC	Village or City Wettmen Ind	No. St. Ward
ris it	Length of residence in city or town where death occurred 3 yrs 6 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.
SICIAN atement		LUS. Yeteran specify WAR
RD. Ever YSICIAN statemen	(a) Residence: No.	St.,Ward.
ECOI PH xact	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
TT B	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale White Maried	21. DATE OF DEATH 8 25 , 193 7
ANEN CTI ssifted	5a. If married, widowed, or divorged	(Month) (Day) (Year)
MA)	(or) WIFE of Calherina Virgenia Wiener	22. I HEREBY CERTIFY, That I attended deceased from
EX EX Iy c	6. DATE OF BIRTH (month, day, and year) July 23 1892	I last say h alive on 197; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
	8. Trade, profession, or particular auto Mashana	were es follows:
THIS I be	SAWYER, BDDKKEEPER, etc.	Escoura left am; that is,
should t may a back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	which coused sloughing of the whole left ours
o t m	10. Date deceased last worked at 1934 11. Total time (years) 20 y	shoulder and fart of chest. Que & R
NFADING plied. AGl erms, so tha instructions	year) occupation occupation	Other Contributory Cause of importances
ADI d. s, so	12. BIRTHPLACE (city or town) / LUDGUMC / (State or country)	Cellulates and hour
UNFA supplied n terms, ee instr	13. NAME	Law abaction on Ris Girgers
H U sur	14. BIRTHPLACE (city or town) (State or country)	Name of operation Levine Date of
TI II I	c/ c/ /4/ 0 +1	Whet test confirmed diegnosis? Was there an au opsy?
INLY, William Carefu	15. MAIDEN NAME 6 Regardle Reference 16. BIRTHPLACE (city or town) New Server	23. If death was due to external causes (VIDL ENCE) fill In also the following:  Accident, suicide, or homicide?
NE be c	∑ (State or coun'ry)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Mess Cattherine a) accoborn	Specify where r in ury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
77 10	18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Mation SCAUSE	Place Spring It Ill Curate Wee 27, 1937	Nature of injury
Mation CAUSI TION	19. UNDERTAKER Mulinam Haneson	24. Was disease or injury in any way related to occupation of decoased?
益	(Address) str. michaels nd	If so, specify (Signed)  (
z	20. FILED / L/ 193 / WWW COTTER PROGRESSION	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/24 10 10/20	9.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BURE	May 1,1923	Gastroenteritis	1 year
•			
	1		

hatton should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(H)
County Salbot	Registration Dist. No. 292
Village or City Office	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Porteling To Thomas	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO, OR DIVORCEO (write the word)	21. DATE OF DEATH
tunale litete widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY That I attended deceased from
leraline ( L) Joseph 2)	e auc' 16 ,1937, 10. New 242 ,1927
6. DATE OF BIRTH (month, day, and year) Sent 15- 1865	i last saw h Lec alive on Sec 6 1937; death is said
7. AGE Years Months Days If LESS than f day,hrs.	to have occurred on the date stated above, at A 2 7 m.
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	B 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
9. Industry or business in which	Desembra & Mesus while som of
work was done, as SILK MILL, SAW MILL, BANK, etc	J
this occupetion (month and spent in this 2	, , , ,
year) occupation	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town)	
(State or country)	
f4. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
H	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
Nau - 1 X - 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f7. INFORMANT (Address)	opening microst injury occurred in Property, in Home, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	Nature of Injury
19. UNDERTAKER James C. Souce	24. Was disease or injury in eny way related to occupation of deceased? Zan
(Address) Enloy This	If so, specify
20. FILEO. De 27, 1937 neplayor	(Signed) M. D.
Registrar.	(Addyess)
Uf more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1938	11 =		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	777		

ADDITIONAL	SPACE FOR FURTHER STATEM	FURTHER STATEMENTS BY PHYSICIAN			
	or only		The second secon		
			7		

	County <u></u>	allot		Registration Dist. No.	
	Village or City		ra daath occurrad 50 yrs	No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and stre	war and number) mos.
701	FULL NAM  (a) Residence	EcNorra	-11 - 111	If U. S. Veteran, specify WAR	
			(Usual place of abode)	If nonresident give city or town	and State
			STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	+
3. SI	male	Color or RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 (Yaar)
5a. 1	f marriad, widowad HUSBANO of (or) WIFE of	or divorced	Sibson	22. I HEREBY CERTIFY, That I atten	
6. D.		onth, day, and year)	Lag 5 1868  Oays If LESS than	19.87, to Det 2.  1 last sew h 20. alive on Det 2.3.  1.19.5	27.; daath is sa
	6	9 4	1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and reletad causes of importenca were as follows:	Data of onse
PATION	9. Midustry or bus	k done, as SPINNER, OOKKEEPER, etc sinass in which one, as SILK MILL	Noneewife	Chronic Mejocardilis	193
noco	SAW MILL, 10. Date deceasad	BANK, etc	11. Total time (yaers) spent in this occupetion	Rolling	1910
12. E	BIRTHPLACE (city of		Jan J	Other Contributary Causes of importance:	***
FATHER	(Stete or country	ey ander	Blackwell		
	14. BIRTHPLACE (c (State or co		md	Neme of oparation Date of What test confirmed diagnosis? Wes there	
HE -	15. MAIOEN NAME	Jane	Jours	23. If daath was due to external causes (VIOLENCE) fill in also tha follo-	wing:
MOTHER	16. BIRTHPLACE (c (State or co		ind	Accident, suicide, or homicide? Date of injury  Whera dld injury occur? (Specify city or town, county and	
	NFORMANT (Address)	Zalla	a debro	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC	PLACE.
18. E	Place Place	N, OR REMOVAL	Date 12/29,193;	Manner of injury	
19. U	INOERTAKER (Address)	and (	Copanar,	24. Wes disease or injury in eny wey related to occupation of deceased?  If so, specify	
20. F	ILEO 12/25	1937/1	H. neure Registrar.	(Signed)	M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
PIREALL V. S.			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PL. MLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-77
County Sell-	Registration Dist. No. 290
Village or City and and.	No Day Come to Land
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME Winfred Hoo	ldoway
(a) Residence: No. Liefy Timon out	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
more white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceesed from
CVA CC	19 to 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the date stated above, etm.
3 2 1/ 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Oate of onset
kind of work done, as SPINNER Journs as SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10-Date deceased last worked at this occuration and the same statement of the same statement	Fractured Skull 12-30-37
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decessed last worked at 11. Totel time (years)	
this occupation (nonth and 37) spent in this 31 4M2	
7. 1 2 8	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME and W. Holdoway  14. BIRTHPLACE (city or town) Jelyhman  (State or country)	
14. BIRTHPLACE (city or town) lelphman	Name of operation Date of
(State of Country)	What test confirmed diagnosis? O have a there an autopsy? 200
15. MAIOEN NAME Cria Compa. Hellaway  16. BIRTHPLACE (city or town) July Manager  (State or country)	23, If death was due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Self frames	Accident, suicide, or homicide? Accident Date of injury 12-30-19 87
X (State or country)	Where did injury occur? Wear Royal Oak 2nd
17. INFORMANT To aller & Hallaway	(Specify of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sely uman md	I while Road
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck by antomobile
Place lele man oate on 1,1938	Nature of injury Fractured Skull
19. UNDERTAKER M. Manalisely	24. Wes disease or injury In any way related to occupation of deceased?
(Address) / A. Michael Mid	If so, specify
12/21 28 /14/	(Cianad) - 5 - (7-4
20. FILEO 731 , 1938 Y 1/2000 Registrar.	(Address) Las Y 2 M. D.
If more black are made all all a Control	(Hudioss)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage RUREAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHISICIAN	
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	N. BANRITE PL. (LY, WITH UNFADING INK-THIS IS A PERMANENT REC. RD. Every item of infor-	pation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	- CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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KI	ANE	CI	sifie	
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M	PE	d E	rly	cate
RGIN RESERVED FOR BINDING	IS A	state	rope	TION is very important. See instructions on back of certificate.
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	£ (),
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(P2)
county Dalhot County	Registration Dist. No. 290
Village or City Emergency floor	Mr. Caster, Me. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2 FILL NAME Itilliam June 12 Kimb	If U. S. Veteran, specify WAR
Constant of the said man	
(a) Residence: No. (Usual place of abode)	7 / St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variee tha word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mrs. Mary Kimbles (wife) (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	elecember 6, 19 37, to Alecember 3, 19 37
6. DATE OF BIRTII (month, dey, and yeer) January 29, 1885	I lest sew h elive on Alekember 23, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stetad above, at
52 10 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEFER etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Disbetes mallitus 24rs?
Industry or business in which work was done, as SILK MILL, For self SAW MILL, BANK, etc 11, Total time (years) 416. Date dacasas all last worked at	La angrena left foot 12-1-37
11. Total time (years) all this occupation (month and	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Roesvelle	
(State or country) maryland	
13. NAME Pope Rimbles  14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy??
15. MAIDEN NAME mary Senery	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accidant, sulcide, or homicide?
man B 91 P. p. Saughter	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT Churchill, ma	
18. BURIAL, CREMOTION, OR REMOVAL MA	Manner of injury
Place Church Hill Deta 12/25, 1937	Nature of injury
19. UNDERTAKER Wats Jood	24. Wes disaese or injury in eny way ralatad to occupation of daceasad?
(Addrass) Church foill, mo	If so, specify
20, FILED 2/24 137 M. Merry	(Signed) M. D.
Registrar.	(Addrass) Santa

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Ex	ample I		Example II	
The principal cause of deat of importance were as followarteriosclerosis	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic interstitial nephritis	I I I I I I I I I I I I I I I I I I I	1915	Attack of epilepsy	1 week ago
	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 D.	July 5,1927	Peritonitis	3 days ago
	BURLAU Y	1		
Other contributory causes	of importance:	-7	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

n of i	County Talbal	
sh of	Village or City Caslou	death occurred in a hospital or
PHYSICIANS of statement	(a) Residence: No. Certaingle Tud	If U. S. Vet
THE STATE OF	(Usual place of abode)  PERSONAL AND STATISTICAL PARTICILIARS	MEDICA
T RE	3. SEX 4. COLOR OR RACE WEGGS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrightha word)	21. DATE OF DEA
BINDING PERMANEN EXACTI tly classified. ate.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HERI
FOR BI IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Years  Months  Days  If LESS then  1 day,hrs.  ormin.	to have occurred on the date.  The PRINCIPAL CAUSE OF were as follows:
- FA	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Lobor p
INE SH	work was dona, as SILK MILL, SAW MILL, BANK, etc	
DIN So t	12. BIRTHPLACE (city or town) (Steta or country)	Dther Contributory Causes
suj suj in t	13. NAME RITHPLACE (city or town) Size are Size Co. (State or country)	Neme of operation
carefu Carefu I'H in Ortant	15. MAIDEN NAME 11 Lea Clare 15. MAIDEN NAME 11 Lea Clare 16. BIRTHPLACE (city or towns 15. Clare 16. Clar	23. If deeth wes due to exter Accident, suicide, or homici Where did Injury occur?
should OF D	17. INFORMANT (Address) Control (Address) Contro	Specify whether injury occu
B. WRITE madion s CAUSE TION is	19. UNDERTAKER Butin Burs (Address) Cunternitie	Neture of injury 24. Wes disease or injury in
	20. FILED 12/13 , 1937 M. Al. Mercus	(Signed)_fleeld

	Registration Dist. No.	7.0
4	margarey too fell st,	Ward
(If	death occurred in a hospital or anitution, give its NAME instead of street and a	umber)
os.	How long in U.S. If of foreign birth?mc	sds.
	If U. S. Veteran, specify WAR	
	St Ward.	
9	If nonresident give city or town and	State
V	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	
	(Month) (Dev)	, 193 7
-	(Month) (Dey)	(Teer)
	22. I HEREBY CERTIFY, Thet I attended	deceased from
	hlee 11 ,1937, to dee 12	- 10 3 7
	I lest saw h un elive on ale (2 ,19 & 7	
_		; deeth is said
s.	to have occurred on the date steted ebova, etm.	
э.	The PRINCIPAL CAUSE OF DEATH and reletad causas of Importanca were as follows:	1 B
		Date of onset
	dobor proumoma	12-10-3
	away por average and	120 10-1.
	Other Contributory Causes of Importance:	
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	houl	
	Neme of operation Data of	7-
	What test confirmed diegnosis Thyp. Ly College. Wes there en e	utopsy?//a
	23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following	:
	Accident, suicide, or homicide? Dete of injury	, 19
	Where did Injury occur?	
	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
1	$\nu$	
-	Manner of Injury	
,		
-	Neture of injury	1
	24. Wes disease or injury in any way releted to occupation of deceased?	100
	If so, specify	
	(Signed) feellease 1 / ammound	M. D.
	(Address) Easton mid	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	3. 5a		MOTHER FATHER 18	12	FATHER	MOTHER	17	18	19
		ertificate.	TION is very important. See instructions on back of certificate.	ructions	See inst	ortant.	ery imp	N is v	LIO
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ied. Exact	properly classifi	t it may be 1	s, so tha	in term	rH in pla	F DEAT	SE O	CAL
nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	TLY. PH	stated EXAC	E should be	ed. AG	supplie	carefully	ad blud	on sho	ati
WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ENT REC	IS A PERMAN	INK-THIS	ADING	H UNE	Y, WIT	The All	ITE I	WE

STATE OF MARYL	ND-CERTIFICATE	OF DEATH
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1. PLACE OF DEAT	н			(159)		
County Falls	N				Registration Dist. No. 29	2
Village or City	From	ما		No		Ward
	6 /				stion, give its NAME instead of street an	
Length of residence in city	or town where	death occurred	yrsmos	as. How long in U.S. If	of foreign birth?yrs	_mosds.
2. FULL NAME	Jula	Ille	ca Mur	ray		
(a) Residence: No				St., Ward.		
		(Usual place		NEDION O	If nonresident give city or town a	
3. SEX 4. COLOR					ERTIFICATE OF DEATH	1
3. SEX	OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Dee 11	102 2 7
70000 710	uc	8	mile		(Month) (Day)	(Year)
5a. If married, widowed, or divorce HUSBAND of	l/ be		0	22. I HEREB	Y CERTIFY, That lattend	ed deceased from
(or) WIFE of	21				19, to	
6. DATE OF BIRTH (month, day, a	ind year)	Du 11-	37	I last saw h alive on		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stat	1 400	WW MAN
	V	1	1 dayhrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of importance	
8. Trade, profession, or part	icular n		ormin.	were as follows:		Date of onset
kind of work done, as SAWYER, BOOKKEPE SAWYER, BOOKKEPE Work was done, as SIL SAW MILL, BANK, etc	SPINNER,	2			1 - 1 -	
9. Industry or business in y	hich	me		Trimetic	while o him	5
work was done, as SIL SAW MILL, BANK, etc						/
O Date deceased last worked this occupation (month	d at n and	11. Total t	ime (years) nt in this			
year)	A .	003	upation	Other Contributory Canses of imp	ortance ·	
12. BIRTHPLACE (city or town)	Fran	1200		,,,,,,,,,,,,,,		
(State or country)	Hald	ti Qo.	-			
II 13. NAME Que	u te	ury mi	usay-			
13. NAME  14. BIRTHPLACE (city or town	1)		2	Name of operation	Date of	
(State of country)	Bu	een lun	1e 00	What test confirmed diagnosis?	Was there a	in autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town  (State or country)	lew Eu	su Ken	nedy	23. if death was due to external ca	uses (VIOLENCE) fill in also the follow	ring:
O 16. BIRTHPLACE (city or town	n & 2	0	- T	Accident, suicide, or homicide?	Date of Injury	19
State or country)	Hal	80 Jo		Where did injury occur?		,
17. INFORMANT MAS	Herry A	muna	11	Specify whether injury occurred i	(Specify city or town, county and S in INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
(Address)		grante:	TES .			
18. BURIAL, CREMATION, OR REI	JOVAL	110		Manner of injury		
Place	<del>la</del>	Date	W/T, 1937	Nature of injury	~ ~ ~ ~ ~ ~ 0 ~ 0 ~ 0 0 0 0 0 0 0 0 0 0	
10 HAIDEDTAKES TO	man Sh	unail	-0		way related to occupation of deceased?	200
19. UNDERTAKER	~	Such	A 6	If so, specify	2-12-0	Par -
20.11	27	nelle	Rosso	(Signed)	LCH OR MA	strew M. D.
20. FILED, 19	4-1-1	BOLA	Registrar.	(Address)	Franklus 1	
		- A				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis 1983	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	The life	
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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ite	20	Jo	1
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). E	SICI	ater	
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ITE	on s	SE	Z is
WR	nati	CAU	TION is very important. See instructions on back of certificate.
1	_		-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3292
County Talled C.A.	Registration Dist. No. 342/	
Village or City Troppe mel.	No.	Ward
Length of residence in eith or town where death occurred He vrs mos.	death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME & Mery Rinkney	If U. S. Veteran, specify WAR	31
(a) Residence: No. Talbot Cb. (Usual place of abode)	St.,Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored marries	21. DATE OF DEATH  (Month)  (Dey)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of husband of A mie penkry	22. HEREBY CERTIFY. Hat I attended of the 12, 1937, 19 had 23	deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	Jifar Halumould	12/12/3
this occupation (month and 1986 spent in this occupation was a spent in this occupation with the spent in this occupation was a spent in the spent in this occupation was a spent in the spent in this occupation was a spent in the spent in this occupation was a spent in the spent in this occupation was a spent	Other Contributory Causes of Importance:	
13. NAME John Rinkley  14. BIRTHPLACE (city or town). Traffic This		
14. BIRTHPLACE (city or town) Troppe mul (State or country)	Neme of operation Date of Whet test confirmed diegnosis? Was there an a	utonsv?
15. MAIDEN NAME A blie Green  16. BIRTHPLACE (city or town) Mary Canel (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?	:
17. INFORMANT Amie Rinkingy (Address) Trappe mel	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	i) ICE.
18. BURIAL, CREMATION, OR REMOVAL  Place Traffic Mul. Date Dece 35, 1937	Menner of Injury	
19. UNDERTAKER COMES H Bayneum (Address) Cambridge mix	24. Was disease or Injury In eny way related to occupation of deceased?	40
20. FILED Del 24, 1937 million Registrar.	(Signed) Fallygra d. Helf	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

.D. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK—TIIIS IS A PERMANENT RE EAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING RGIN RESERVED AGE should be MRITE PL. LY, WITH UNFADI LY, WITH

See instructions on back of certificate.

TION is very important.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13233
1. PLACE OF DEATH	942
County / 2/60T	Registration Dist. No. 290
Village of City Laston Utls	No. Gross' Coate St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard Lloyd lilghman	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	12 14 193 1
	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I attended daceased from
(or) WIFE of	9, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) March 30 1887	I last saw h alive on of one hands death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
57 8 /4/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causas of importance
	ware es follows:
8. Trada, profession, or particular kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, etc.	71. 12:14.27
Industry or business In which work was done, as SILK MILL.	Donary Monton
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and Dec. 1937)  11. Total time (yaars) spent in this occupation coupation	
12. BIRTHPLACE (city or town) Baltim one Md	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) Baltmore (State or country)	Name of operation Date of Date
Is. MAIDEN NAME Elizabeth Donnell	What tast confirmed diagnosis? It story Was there an autopsy?
	23. If daath wes due to axtarnal causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur?(Specify city or town, county end State)
17. INFORMANT J. Donnell lighman (Address) Gross Coate Caston 19d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceGross Coste toston and Date December 16, 1937	Nature of injury
James O Abourse	24. Was diseasa or injury In any way related to occupetion of daceased?
19. UNDERTAKER (Address)	If so, specify
1 Sell Mill	
20. FILED 12/16 , 1937 // 14 / //UNUS	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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	N. BWRITE PL. IX, WITH UNFADING INK-THIS IS A PERMANENT RE. ED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	(ATCS) OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TOWNS very important. See instructions on back of certificate.
e4	WR	Afti	A	d
No.	8	n		
V. S. No. 1	Z			
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	(3)
County albate + h.1	Registration Dist. No. 290
Village or City OSTW, MA.	No. / Whalley tospital st., Ward
(a)	death occumed in a hospitalor institution give its NAME instead of street and number)
2 FOLL NAME MOTA WILLIAMS	If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (murice the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSDAND of Or) WIFE of John M. Millams	22. I HEREBY CERTIFY. That I attended deceased from  1931 to 162 1 1931
6. DATE OF BIRTH (month, day, and year) 2	I last saw h_ 17 alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
67 16 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Callerono (s)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business In which work was done, as SILK MILL.	Tella ( repshir) / /3
CAW MILL DANK etc.	
10. Date deceased lest worked et this occupation (monthland 1937 occupation)	
12 PIRTURI ACE (situat Asses) PAA & La Q A T Q A C	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Beest
II 13. NAME Chowas P. Powers	
13. NAME (Rocces P. Provers  14. BIRTHPLACE (city or town) Possible Co.	Name of operation Plan following Date of 11/10/37
(State of Country)	What test confirmed diagnosis: Plan Page Was there an autopsy? Ko
15. MAIDEN NAME Mangaret Wight	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Concluded Co.	Accident, suicide, or homicide? Date of Injury, 19
( h) 11 00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Herlick Ind Dete 12/14 ,1937	Nature of injury
19, UNDERTAKED 22 Framton Son-	24. Was disease or injury in any way related to occupation of deceased?
(Address) Redefullburg mel.	If so, specify
20. FILED 12/4 , 19,37 7 A. P. Registran	(Signed) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year